

**CLAIMS ONLY**

Application Number

**"Filing" Date**

Applicant(s)

CLAIMS	AS FILED 1/6/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
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Total Depend	4					
Total Indep.	26					
Total Claims	30					

\* May be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depe
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